

✓ g3

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
DEVELOPMENTAL DISABILITIES PROGRAM



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR


STATE OF MONTANA

PHONE: (406) 259-8122  
FAX: (406) 652-1895

2121 ROSEBUD DRIVE, SUITE C-1  
BILLINGS, MONTANA 59102

November 30, 2006

TO: Sandra Reiter, YWCA Board President  
Gayle Tompkins, Executive Director  
Bill Tiskus, Program Director

FROM: Bob Trent,  Quality Improvement Specialist  
Developmental Disabilities Program

SUBJECT: Fiscal Year '07 Quality Assurance Review

Attached is the final report for the Fiscal Year '07 Quality Assurance Review. This review covers the period from November 2005 through October 2006, and addresses the Supported Living and Community Supports Services provided by the YWCA. I wish to extend my thanks both to the individuals surveyed for talking to me and welcoming me into their homes, and also to the YWCA Support Specialists for their assistance during this review.

cc: Suzn Gehring  
Tim Plaska  
John Zeeck

FILED 12/1/06

DEC 1 2006

RECEIVED

**Scope of Review:**

This review covers the period from November 2005 through October 2006, and addresses the Supported Living and Community Supports services provided by the YWCA.

**General Areas****A. Administrative****Significant Events from the Agency**

- A very successful Women's Run raised approximately \$27,000 for the YWCA, of which 18% (\$4,660) went to the Supported Living Program.
- The YWCA was able to grant pay raises to direct care staff.
- The YWCA was able to reinstate health care insurance for employees.
- Professional motivational training was provided to staff at the staff retreat.

**Policies and Administrative (DDP) Directives**

- The YWCA Policy Manual was reviewed and found to be in compliance with DDP directives.
- The YWCA conducts annual satisfaction surveys with both consumers and staff. The results of the surveys are reviewed at the annual staff retreat. It is suggested that the results of those surveys become part of the agency's Quality Assurance Committee and used to direct future services the YWCA provides.
- As a result of this Quality Assurance Review, a policy was written to address issues of internal monitoring and communication.

**Licensing**

- The YWCA does not have any facilities licensed by the Quality Assurance Division.

**Accreditation**

- The YWCA no longer maintains accreditation with CARF.

**Agency Internal Communication Systems**

- Support Specialists meet on a biweekly basis to discuss client issues.
- There has been some turnover of staff recently at the YWCA, and as a result, there were some deficiencies relative to implementation of objectives and failure to provide the number of hours of support specified in Community Supports Service Agreements which are discussed later in this report. As a result of this Quality Assurance Review, a new policy relative to an improved system of internal monitoring and internal communication has been developed which will hopefully resolve such lapses in services.

**Fiscal**

-The YWCA submits the required financial information to this office in a timely manner. The accountant with whom the YWCA contracts is very involved and knowledgeable about the Supported Living Program. We appreciate the calm and thoughtful manner that has been demonstrated as we work through the implementation of the new rates system and billing procedures.

**Appendix I**

-There were no negotiated Appendix I items identified in the current contract on which to report.

**Specific Services Reviewed****A. Residential-Supported Living****Accomplishments**

- The YWCA currently provides Supported Living Services to 56 individuals.
- The YWCA recently was able to offer health insurance and grant pay raises to staff.

**Programmatic Deficiencies**

- There were no significant programmatic deficiencies.
- 

**Corrections to Deficiencies**

- No corrections to deficiencies is required.

**I. Health and Safety****Vehicles**

- YWCA Support Specialists typically use their own personal vehicles as necessary to transport consumers to medical appointments, shopping, etc. All staff are required to provide proof of insurance in order to be covered by the YWCA's insurance policy, and driving record background checks are performed on all new hires.
- Support Specialists also have access to the YWCA's vehicles to use when available. As a result of last year's Quality Assurance Review, the YWCA developed a policy to include an orientation checklist and driving test for staff as well as a vehicle maintenance program.

**Consumers**

- The YWCA has shown a commitment to ensuring the health and safety of the folks receiving Supported Living Services, while at the same time honoring consumer choices and affording each person dignity and respect. Examples of this include, but are not limited to the following:
- Taking corrective action as issues of health and safety arise.

- Responding quickly when one woman was sexually assaulted in her apartment. Police were immediately notified, and the assaulted woman as well as a friend of hers were given temporary shelter at the Gateway House (QAOS #4).
- Prompt and insightful response when staff recognized signs of serious side effects to a medication for one woman and getting her immediately to the hospital at midnight on a Friday night (QAOS # 6).
- Discussions at weekly Incident Management Committee meetings routinely centers on ways to ensure health and safety of consumers involved in incidents, whether internal, reportable, or critical.
- Ensuring that consumers know how to obtain emergency assistance. All consumers interviewed were able to tell me how they would obtain emergency assistance if necessary. Emergency phone numbers were posted next to telephones in apartments or programmed into individual telephones.

### **Medication Safety**

- The YWCA has a "Med Run" to provide staff for consumers who need some form of assistance to correctly take their medications. All staff surveyed were able to correctly state the appropriate procedure to follow if a person's residence or medication regimen changes. This was a deficiency last year, so it was good to see that the YWCA had taken corrective action to resolve this issue (QAOS #5).
- During the course of the year there were 27 medication errors in the Supported Living Program, most of which were due to consumers forgetting to take their medications or not being home when the staff on the "Med Run" arrived, rather than being due to staff error. There were, however, two serious medication errors during the course of the year. In late March 2006, a consumer did not get his medications for several days. And on 10/22/06, back-up staff had not been scheduled when the regular Med Run staff was on vacation, resulting in three individuals not receiving their scheduled dose of medications. Both of these incidents indicate the need for better internal monitoring, as mentioned elsewhere in this report. During the course of the year, all instances of medication errors regardless of cause were discussed at the next regularly scheduled Incident Management Committee meeting, with corrective action recommendations. Hopefully, this attention to medication errors and a newly developed policy on internal communication will reduce the number of medication errors over the course of the next year.
- Medication Certifications were found to be current for all staff who assist individuals with administering medications.

### **Sites**

- The residences of all six consumers sampled in the Supported Living Program were visited as part of this review. No health or safety issues were noted in any of the apartments. All residences were found to have a fire extinguisher in the kitchen and functioning smoke alarms in or near the sleeping areas. All apartments except for one in Prairie Towers had two means of egress.

-Although smoke alarms were found to be operable in the apartments visited, there was no documentation of evacuation drills and monthly checks of smoke alarms (QAOS #10.) A new checklist for evacuation drills and checks of smoke alarms has been developed and monitoring will be monitored according to the new policy on internal communication.

## **II. Service Planning and Delivery**

### **Individual Planning (Assessment, Implementation, Monitoring)**

-Six individuals, randomly chosen, were interviewed, and the files of all six were reviewed. All six consumers stated that they were receiving the services specified in their individual IP's and that they were satisfied with the services being provided. A review of the files indicated that data on objectives was being kept up to date. The files of two individuals contained excellent documentation of objectives, and commendations were offered to this effect (QAOS # 9 and #12). In one case, the data was in narrative form and offered much more information than just a '+' or '-' on a data form, and in the other case the information was available on the computer, was very well organized, and also provided information about what actually happened.

-The YWCA is commended for having an excellent assessment summary as well as information on client rights and the YWCA grievance policy included in each IP (QAOS # 3).

---

-Developmental Disabilities Program Case Managers report that Quarterly Reports from the YWCA are generally received when due and that the information provided in the reports is satisfactory.

### **Leisure/recreation**

-Although most of the consumers served by the YWCA live independently and are capable of accessing community leisure and recreation activities, the YWCA also strives to provide social and recreation activities for consumers. Examples of this include a summer picnic, a pumpkin patch trip, YARC dances, Montana Fair, Metra Park events such as rodeos and concerts, a Christmas Party, and a float entry in the St. Patrick's Day parade.

-In addition, several consumers were found to have objectives for staff to assist them to save money for vacation experiences.

### **Client Rights**

-The YWCA is a strong advocate for the rights of consumers, and provides client rights information to each individual as part of his/her annual IP.

-The YWCA is commended for honoring each consumer's right to have a choice of Support Specialist, and for maintaining documentation of all case load changes. Consumer requests for a Support Specialist change are itemized with a rationale for the request and resolution of the request (QAOS # 11).

**Medical/health Care**

-The staff at the YWCA strive to provide the best medical and health care possible. See comments above under Health and Safety: Consumers and Medication Safety.

**Emotionally Responsible Care Giving**

-During the course of the year, and as part of this Quality Assurance Review, interactions between staff and consumers was consistently observed to be respectful and indicative of being emotionally responsible.

**Consumer Surveys**

-The consumer surveys conducted by Case Managers as part of the Individual Planning process were reviewed for all six consumers in the sample with no issues or problems noted.

**Agency's Consumer Satisfaction Surveys**

-The YWCA conducts annual Consumer Satisfaction Surveys which are reviewed at the annual staff retreat. I would recommend that a synthesized compilation of the survey results be included in the Agency's Quality Assurance process so that the findings are used to set future agency direction.

---

**III. Staffing****Screening/hiring**

-The files of four recently hired staff were reviewed and all four were found to have criminal background checks, proof of automobile insurance, and driving record checks.

**Orientation/training**

-Four of five staff interviewed using the Quality Assurance Staff survey indicated that the orientation training provided by the YWCA did not adequately prepare them to understand the needs of the consumers assigned to them. Rather, the staff felt that they were just given consumers' names and addresses and then left to learn about the consumers on their own (QAOS #2).

-The files of four recently hired staff were reviewed, and it was found that all staff had received the general YWCA orientation, but only two of the four had received the Supported Living program orientation, which includes consumer-specific information. This supports the statements staff made regarding lack of consumer-specific orientation, and is seen as a significant deficiency. The health and safety needs of consumers could be jeopardized by not adequately preparing newly hired staff to work with consumers assigned to them.

-Consumer profiles are being developed for each individual receiving services, and that client-specific information will be presented to newly hired staff as part of orientation. In addition, job shadowing with a veteran staff person will take place

for a period of up to two weeks, or until both the newly hired staff person and the consumer feel comfortable working with one another.

#### **Ratios**

- Staff to client ratios are maintained at 1 staff for 9 consumers.
- A review of documentation of number of staff hours provided per person indicated that all consumers were receiving the number of hours of support identified in their Individual Cost Plans (ICP's).

#### **Staff Surveys**

- Five staff were interviewed using the prescribed staff survey. Staff were able to satisfactorily answer each question posed. As mentioned above, a commendation was offered to the YWCA for ensuring that staff understand the procedure to follow when a person's living situation or medications changed. Also, as mentioned above, four or five staff surveyed felt that they were not adequately prepared to work with consumers prior to actually starting to provide support.

### **IV. Incident Management**

#### **APS**

- There were two referrals to Adult Protective Services that involved the action of staff toward consumers.

-The APS investigative report dated March 9, 2006, summarized findings of an allegation of physical abuse, and concluded that no abuse had occurred. However, the consumer involved indicated a desire to have a different support staff, and the YWCA promptly honored this request.

-The APS investigative report dated March 29, 2006, summarized findings of an allegation of medical neglect on the part of a YWCA staff person, and concluded that maltreatment did not occur. The report recommended that there should be a system in place to provide medication assistance in an emergency or if the scheduled support specialist is not available.

Subsequently, the YWCA took several steps to remedy the situation, as follows:

- Designated staff will check phone messages of Support Specialists who are out of the office for any length of time, and the messages will be left on the telephone so that Support Specialists will be able to access them.
  - When a staff person will be gone from the office for a significant period of time, he/she will put notification on the phone answering message telling any caller who to contact in their absence.
  - Staff will notify the YWCA front desk of their anticipated absence in order to expedite client calls for the staff person.
- All other incidents of abuse, neglect, or exploitation of YWCA consumers which involved members of the community at large were promptly reported to Adult

Protective Services.

### **Incident Reporting**

- Throughout the course of the year, YWCA staff were found to report incidents in a timely fashion and through the appropriate channels, with no deficiencies or issues noted.
- The YWCA's Incident Management Committee meets weekly, and all incidents—critical, reportable, and internal—are discussed. This QIS has attended nearly every one of these meetings, and I have felt that the discussions of the incidents were thoughtful, insightful, and directed toward resolving any problems detected. In most cases recommendations to avoid future incidents were formulated. Minutes of the meetings are kept, and the number and type of various incidents are summarized.
- The number of reportable and critical incidents for individuals receiving Supported Living Services during the period covered by this review is as follows:
  - Unplanned hospitalizations: 5
  - Medication errors: 26
  - Injuries: 2
  - Law enforcement involvement: 1
- All five unplanned hospital admittances were subsequently reviewed by the Incident Management Committee and investigated by the YWCA. In all instances it was determined that YWCA Support Specialists acted promptly and appropriately. As mentioned elsewhere, two Support Specialists were specifically commended for their insightful and prompt response to take a consumer to the hospital late on a Friday night (QAOS #6).

## **C. Community Supports**

### **Accomplishments**

- The YWCA provides Community Supports to four individuals.

### **Programmatic Deficiencies**

- There were no significant programmatic deficiencies.

### **Corrections to Deficiencies**

- No corrections to deficiencies is required.

## **I. Health and Safety**

### **Vehicles**

- See comments above under residential



### **Consumers**

-As mentioned above under residential services, the YWCA strives to protect the health and safety of consumers, while at the same time honoring consumer choice and affording each person dignity and respect. Two of the four consumers served through the Community Supports program receive assistance scheduling and attending medical appointments. No problems or deficiencies were noted.

### **Medication Safety**

-The YWCA provides assistance with medication administration to one of the four consumers served in Community Supports. There was one medication error reported for this person during the course of the year because she was not available when the Med Run staff arrived. Staff called repeatedly until she was located, and discovered that she had forgotten to take her morning medications. Staff responded by calling a medical professional and getting instructions regarding how to proceed.

### **Sites**

-The residences of two of the four people surveyed were visited. Two residences were not visited because one of those two was living at home with her mother and no supports were offered to her in her home, and the other was currently living at the Gateway House and not in her apartment. The apartments visited were clean and sanitary and no health and safety issues were noted. Both had a fire extinguisher and an operable smoke detector. There were two means of egress in each apartment.

## **II. Service Planning and Delivery**

### **Individual Planning (Assessment, Implementation, Monitoring)**

- The files of all four consumers were reviewed.
- For one individual, there was no documentation of implementation of objectives. Support staff interviewed indicated that there had been turnover in the agency, and they had been unable to find the program books for the staff person who had left. She did indicate that she was doing her best to implement objectives, but there was no documentation of such (QAOS # 1). The consumer involved indicated that she was happy with services, but was unsure whether or not all objectives were being implemented. As mentioned above, this indicates deficient internal monitoring within the agency, and as a result of this review, the agency has developed a process for internal monitoring to prevent lapses in services when staff turnover occurs.
- Objectives were found to be implemented consistently for the other three consumers sampled. For one individual, as mentioned above under residential, there was excellent documentation of implementation of objectives (QAOS #9).
- All consumers interviewed indicated that they were happy with the services being provided and three of the four consumers verified that objectives were being implemented as specified in IP's.
- DDP Case Managers indicated that quarterly reports are received in a timely

fashion and contain satisfactory information.

**Leisure/recreation**

-There are objectives for recreation activities contained in the IP's for all four consumers receiving Community Supports. With the one exception noted above, all were receiving recreation activities as specified in their IP's. See additional comments regarding the YWCA's commitment to providing leisure and recreation activities above under residential services.

**Client Rights**

-No deficiencies or issues regarding client rights were noted for any of the individuals receiving Community Supports. See additional comments above under residential.

**Medical/health Care**

-The YWCA provides assistance for scheduling medical appointments to two of the individuals receiving Community Supports; no issues or deficiencies were noted. See additional comments above under residential.

**Emotionally Responsible Care Giving**

---

-Throughout the course of the year and as part of this Quality Assurance Review, staff were consistently observed to interact with consumers in an emotionally responsible fashion, treating individuals with dignity and respect.

**Consumer Surveys**

-The consumer Surveys conducted by Case Managers as part of the Individual Planning process were reviewed for all four individuals receiving Community Supports with no issues or problems noted.

**Agency's Consumer Satisfaction Surveys**

-See comments above under residential.

**III. Staffing**

**Screening/hiring**

-See comments above under residential.

**Orientation/training**

-See comments above under residential.

**Ratios**

-No specific staff to client ratios are defined for the consumers receiving Community Supports, as staff work with consumers in both the Supported Living and

Community Supports programs.

-For two of the individuals receiving Community Supports, documentation of number of hours of support provided were less than that specified in their Individual Service Agreements (QAOS # 7 # 8). A policy has been developed for better internal monitoring and communication. The program coordinator will complete a tally sheet of number of hours of support provided per pay period, and that information will be forwarded to the program manager for review on a biweekly basis.

#### **Staff Surveys**

-See comments above under residential services.

### **IV. Incident Management**

#### **APS**

-There were no reported incidents of Abuse, Neglect, or Exploitation that alleged maltreatment by YWCA staff toward any of the consumers receiving Community Supports. There were two reports of alleged physical abuse of individuals that did not involve YWCA staff which were reported to Adult Protective Services.

---

#### **Incident Reporting**

-As mentioned above under residential, reportable and critical incidents were reported within stipulated time frames, and incidents involving consumers receiving Community Supports are discussed at weekly Incident Management Committee meetings.

-The number of incidents reported for individuals receiving Community Supports is as follows:

- Unplanned hospitalizations: 3

- Medication errors: 1

- Law enforcement involvement: 1

-The YWCA investigated each unplanned hospitalization, and in all cases it was determined that YWCA Support Specialists acted promptly and appropriately.

## **Conclusion**

The YWCA provides quality Supported Living and Community Supports services to 60 individuals in the Billings and Laurel areas. A few opportunities to improve services were discovered during this review relative to implementation of objectives, medication errors, provision of number of hours of support per service agreements, consumer-specific staff orientation, and documentation of monthly evacuation drills and checks of smoke alarms. In response to these findings, the YWCA has taken action to develop a policy to better ensure internal monitoring and communication with the intent to eliminate insufficient orientation and lapses in services when staff turnover occurs.

### **Findings Closed:**

No findings will be considered closed at this time.

### **Findings Open/plan of Correction**

The findings from this Quality Assurance Review relative to implementation of objectives, medication errors, provision of number hours of support per service agreements, consumer-specific staff orientation, and documentation of monthly evacuation drills and checks of smoke alarms were all found to be directly related to lack of internal communication within the agency and a subsequent lack of follow-through during times of staff turnover. The YWCA has developed new policies to prevent such lapses in services in the future, and these findings will remain open at the present time. I will revisit these issues during March 2007 to determine whether the newly adopted policies are being carried out and the deficiencies have been adequately addressed.